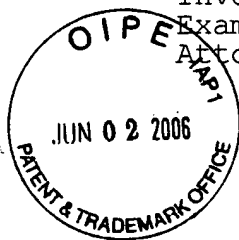


06-05-06

FEE TRANSMITTALAF *[Signature]*

Application Number 09/829,549  
 Filing Date April 10, 2001  
 Inventor(s) James T. English, et al.  
 Examiner Name Teresa D. Wessendorf  
 Attorney Docket Number UMO 1521.1

Art Unit 1639  
 Confirmation No. 8198



☒ Applicant claims small entity status.

**METHOD OF PAYMENT**

- ☐ The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.
- ☒ Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

**FEE CALCULATION**

1. ☐ BASIC FILING, SEARCH AND EXAMINATION FEES  
 (Type: \_\_\_\_\_) Subtotal (1) \$ \_\_\_\_\_

2. ☐ EXCESS CLAIM FEES

Total Claims \_\_\_\_ - \_\_\_\_ (HP) = 0 x Fee \_\_\_\_ = \$ 0.00  
 Indep Claims \_\_\_\_ - \_\_\_\_ (HP) = 0 x Fee \_\_\_\_ = \$ 0.00  
 Multiple Dependent Claims Fee \$ \_\_\_\_\_  
 (HP = highest number of claims paid for)

Subtotal (2) \$ 0.00

3. ☐ APPLICATION SIZE FEE

Total Pages N/A - 100 = NaN ÷ 50 = 0 x \$ \_\_\_\_ = \$ 0.00  
 (Application + Drawings) (round up to whole #)

Subtotal (3) \$ 0.00

4. ☒ OTHER FEE(S)

- ☒ Three (3) month extension of time  
☐ Information disclosure statement  
☐ 37 CFR 1.17(q) processing fee  
☐ Non-English specification  
☐ Notice of Appeal  
☒ Filing a brief in support of appeal  
☐ Request for oral hearing  
☐ Other: \_\_\_\_\_

Subtotal (4) \$ 760.00

TOTAL AMOUNT OF PAYMENT \$ 760.00

*[Signature]*  
 Edward J. Hejlek  
 Reg. No. 31,525

6/2/06

Date  
 Telephone: 314-231-5400

EJH/clh

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